

STANDARD CERTIFICATE OF DEATH

40242

FILED DEC 2 - 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5259

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City X OR TOWN X Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Geo. Nettleton Home Length of stay in 1b 30 years				d. STREET ADDRESS (If outside, give location) 5125 Swope Parkway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Mrs. Theresa Middle Bushong Last Bushong				4. DATE OF DEATH Month Nov. Day 17 Year 1957			
5. SEX F		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 15, 1864	
9. AGE (In years last birthday) 93		10. IF UNDER 1 YEAR Months 0 Days 0		11. IF UNDER 24 HRS. Hours 0 Min. 0		9. AGE (In years last birthday) 93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk				10b. KIND OF BUSINESS OR INDUSTRY Illinois			
11. BIRTHPLACE (City and state or country) U. S. A.				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John Wahl				13b. MOTHER'S MAIDEN NAME Margaret			
14. NAME OF HUSBAND OR WIFE M. M. Bushong				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. ---				17. INFORMANT Address Myrtle M. Holscher 5125 Swope Parkway			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio-sclerosis DUE TO (c) 332X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 4 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour --- Month, Day, Year --- a.m. --- p.m. ---				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Missouri STATE Missouri			
21. I attended the deceased from May 51 to 7 Nov 57 and last saw her alive on 6 Nov 57 Death occurred at 6:28 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Jean B. Willoughby M.D.			
22b. ADDRESS 5905 Main KC MO				22c. DATE SIGNED 8 Nov 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 9, 1957		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 11-9-57			
26. REGISTRAR'S SIGNATURE Neva Minshall							



1:00 PM - 5:00 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by; Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.